

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

JUN 14 1943

318

Primary Registration District No.

1003

Registrar's No.

5254

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 Days
(Specify whether
In this community..... 21 Days
years, months or days)

3. (a) PRINT FULL NAME Baby Risinger

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased 5 15 43
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 21 ..hr.min.

9. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Ralph Risinger

13. Birthplace Poplar Bluff Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Davis

15. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Risinger

(b) Address 1433 Clinton St.

17. (a) Burial (b) Date thereof 6-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Goodheart & Goodheart

(b) Address 2228 St Louis Ave

19. (a) JUN 8 1943 (b) J. F. Breuer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 12
(c) City or town St Louis Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1433 Clinton St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5,
year 1943 hour 11:38 minute P. M.

21. I hereby certify that I attended the deceased from May
15, 1943 to June 5, 1943:
that I last saw her alive on June 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Prematurity

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

Signature T. H. Black (M. D. or other)
Address 1515 Lafayette Avenue Date signed 6/7/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Marie A. Cashion

Licensed Embalmer No. *3849*

P. O. Address *St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.